

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
550 S ARLINGTON ST

City or town, state or province, country, and ZIP or foreign postal code
AKRON, OH 443061740

D Employer identification number
34-1365690

E Telephone number
(330) 773-6838

G Gross receipts \$ 5,824,101

F Name and address of principal officer
CHERYL STEPHENS
550 S ARLINGTON ST
AKRON, OH 443061740

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

J Website: ▶ WWW EANDC ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1982

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION (EANDC) IMPROVES COMMUNITIES BY PROVIDING QUALITY AND AFFORDABLE HOUSING, COMPREHENSIVE HOMEOWNERSHIP SERVICES AND ECONOMIC DEVELOPMENT OPPORTUNITIES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	59
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	-33,452
7b Net unrelated business taxable income from Form 990-T, line 34	-33,452

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,839,468	2,124,145
9 Program service revenue (Part VIII, line 2g)	2,088,953	2,230,462
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,346	-646,086
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,918,075	3,708,521
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,601,140	1,627,318
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶78,326		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,455,251	1,920,638
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,056,391	3,547,956
19 Revenue less expenses Subtract line 18 from line 12	861,684	160,565
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	32,357,778	30,629,577
21 Total liabilities (Part X, line 26)	15,825,318	13,946,538
22 Net assets or fund balances Subtract line 21 from line 20	16,532,460	16,683,039

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: ***** Date: 2019-11-14

CHERYL STEPHENS PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2019-11-14 Check if self-employed PTIN P00078628

Firm's name ▶ CBIZ MHM LLC Firm's EIN ▶ 34-1513062

Firm's address ▶ 5450 FRANTZ ROAD SUITE 300 DUBLIN, OH 43016 Phone no (614) 793-4501

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

EANDC WAS ORGANIZED FOR THE PURPOSE OF ENHANCING THE COMMUNITY OF EAST AKRON AND OTHER COMMUNITIES PRIMARILY LOCATED IN SUMMIT AND STARK COUNTY OHIO BY PROVIDING AFFORDABLE HOUSING, REHABILITIATING AND IMPROVING EXISTING HOUSING, PROVIDING ECONOMIC DEVELOPMENT OPPORTUNITIES FOR LOW AND MODERATE-INCOME INDIVIDUALS AND FAMILIES, PROVIDE COUNSELING, EDUCATION, AND FINANCIAL ASSISTANCE TO POTENTIAL FIRST-TIME HOMEBUYERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,284,534 including grants of \$) (Revenue \$)
 See Additional Data

4b (Code) (Expenses \$ 175,723 including grants of \$) (Revenue \$ 2,277)
 See Additional Data

4c (Code) (Expenses \$ 1,339,055 including grants of \$) (Revenue \$ 1,869,377)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 510,170 including grants of \$) (Revenue \$ 412,918)

4e Total program service expenses ▶ 3,309,482

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	72
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	59		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (OH); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHERYL STEPHENS 550 S ARLINGTON ST AKRON, OH 443061740 (330) 773-6838.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNETTE GRIMES-HAMMONDS BOARD MEMBER	1 00	X						0	0	0
(2) BEVERLY BUTLER BOARD MEMBER	1 00	X						0	0	0
(3) BRETT KIMMELL TREASURER	1 00	X		X				0	0	0
(4) DAVID BUCHANAN BOARD CHAIRMAN	1 00	X		X				0	0	0
(5) JERRY BROWN BOARD MEMBER	1 00	X						0	0	0
(6) JOHN HICKEY VICE CHAIRMAN	1 00	X		X				0	0	0
(7) SUE HOISTEN SECRETARY	1 00	X		X				0	0	0
(8) WILLIE EDGERSON BOARD MEMBER	1 00	X						0	0	0
(9) CRYSTAL HAWKINS-HARPER BOARD MEMBER	1 00	X						0	0	0
(10) SARAH BUCCIGROSS BOARD MEMBER	1 00	X						0	0	0
(11) MATTHEW DONLEY BOARD MEMBER	1 00	X						0	0	0
(12) CHERYL STEPHENS PRESIDENT/CEO	40 00			X				154,741	0	0
(13) KELLY BARR VICE PRESIDENT OF OPERATIO	40 00			X				105,235	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	259,976	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MYERS APPLIANCE 3100 STATE ROUTE 59 RAVENNIA, OH 44266	APPLIANCE SUPPLIER	518,075
CC MITCHELL 3001 E ROYALTON RD BROADVIEW HGTS, OH 44147	APPLIANCE SUPPLIER	116,667
CBIZ MHM LLC 5450 FRANTZ RD STE 300 DUBLIN, OH 43016	ACCOUNTING SERVICES	112,081

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **3**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	2,040,787		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	83,358		
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		2,124,145		

Program Service Revenue			Business Code			
	2a MANAGEMENT FEES		531310	908,447	908,447	
b INTEREST INCOME LIHTC		900099	412,463	412,463		
c DEVELOPER FEE		900099	371,502	371,502		
d CONTRACT REVENUE		900099	252,137	252,137		
e MISCELLANEOUS REVENUE		900099	145,595	145,595		
f All other program service revenue			140,318	140,318		
g Total. Add lines 2a-2f			2,230,462			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		1,025,959				
	b Less rental expenses	1,429,335				
	c Rental income or (loss)	-403,376				
	d Net rental income or (loss)			-403,376	-369,924	-33,452
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	434,000				
b Less cost of goods sold	b	686,245				
c Net income or (loss) from sales of inventory			-252,245	-252,245		
Miscellaneous Revenue	Business Code					
11a DEBT FORGIVENESS	531110		9,535	9,535		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d			9,535			
12 Total revenue. See Instructions			3,708,521	1,617,828	-33,452	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	259,976	259,976		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	963,917	912,623		51,294
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,913	27,725		1,188
9 Other employee benefits	237,383	236,149		1,234
10 Payroll taxes	137,129	132,228		4,901
11 Fees for services (non-employees)				
a Management				
b Legal	17,625	17,625		
c Accounting	41,053	41,053		
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	122,069	117,179		4,890
14 Information technology	139	139		
15 Royalties				
16 Occupancy	100,497	93,551	6,946	
17 Travel	31,409	29,580	351	1,478
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,206	15,865		13,341
20 Interest	118,535	92,111	26,424	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,478	179	22,299	
23 Insurance	27,885	27,885		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SERVICES	1,013,983	1,013,983		
b OTHER PROFESSIONAL FEES	152,124	142,063	10,061	
c BAD DEBT	94,067		94,067	
d REPAIR & MAINTENANCE	87,906	87,906		
e All other expenses	61,662	61,662		
25 Total functional expenses. Add lines 1 through 24e	3,547,956	3,309,482	160,148	78,326
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,569,280	1	2,534,220
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,438,365	4	2,083,051
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	12,682,446	7	12,621,186
	8 Inventories for sale or use	1,041,986	8	0
	9 Prepaid expenses and deferred charges	5,004	9	4,708
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 10,281,866		
	b Less accumulated depreciation	10b 6,120,028	4,858,241	10c 4,161,838
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	1,322,082	13	1,398,792
	14 Intangible assets	94,027	14	78,714
	15 Other assets See Part IV, line 11	7,346,347	15	7,747,068
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,357,778	16	30,629,577	
Liabilities	17 Accounts payable and accrued expenses	1,478,545	17	1,223,984
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	14,342,979	23	12,719,302
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	3,794	25	3,252
	26 Total liabilities. Add lines 17 through 25	15,825,318	26	13,946,538
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,634,160	27	12,789,013
	28 Temporarily restricted net assets	1,918,873	28	1,914,599
	29 Permanently restricted net assets	1,979,427	29	1,979,427
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	16,532,460	33	16,683,039	
34 Total liabilities and net assets/fund balances	32,357,778	34	30,629,577	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,708,521
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,547,956
3	Revenue less expenses Subtract line 2 from line 1	3	160,565
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,532,460
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,986
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,683,039

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c		No
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 34-1365690

Name: EAST AKRON NEIGHBORHOOD DEVELOPMENT
CORPORATION

Form 990 (2018)

Form 990, Part III, Line 4a:

ENERGY SERVICES EANDC PROVIDES FOR THE ENERGY EFFICIENCY ANDIMPROVEMENT OF EXISTING HOUSING IN THE AKRON AREA BY PROVIDINGVARIETY OF PROGRAMS TO ELIGIBLE HOUSEHOLDS SUCH AS EMERGENCYREPAIR, HOME WEATHERIZATION ASSISTANCE, HOUSEWARMING AND THEELECTRIC PARTNERSHIP PROGRAMS

Form 990, Part III, Line 4b:

COMMUNITY BUILDING AND ENGAGEMENT EANDC PROVIDES OUTREACH WITH RESIDENTS TO BETTER INFORM THEM OF CAPITAL PROJECTS AND TO INCREASE AND IMPROVE OTHER SOCIAL SERVICES WITH A REVITALIZATION PLAN OF LOCAL AREAS

Form 990, Part III, Line 4c:

AFFORDABLE HOUSING OPERATIONS EANDC WAS ORGANIZED FOR THE PURPOSE OF ENHANCING THE COMMUNITY OF EAST AKRON AND OTHER COMMUNITIES PRIMARILY LOCATED IN SUMMIT AND STARK COUNTY OHIO WITH A SPECIAL EMPHASIS ON PROVIDING ECONOMIC DEVELOPMENT OPPORTUNITIES FOR LOW AND MODERATE-INCOME INDIVIDUALS AND FAMILIES EANDC CURRENTLY MANAGES 440 SCATTERED SITE SINGLE FAMILY HOMES, A 40-UNIT SENIOR CITIZENS BUILDING, A 6-UNIT AND 10-UNIT APARTMENT BUILDING, A 50-UNIT MULTI-FAMILY HOUSING PROJECT AND A 30-UNIT MULTI-FAMILY TOWNHOME COMMUNITY IN AKRON, OHIO WHICH ARE OWNED BY THE PROJECT ENTITIES EANDC WORKS WITH OTHER NON-PROFIT AGENCIES AND CURRENTLY MANAGES AN ADDITIONAL 165 UNITS OF AFFORDABLE HOUSING OWNED BY UNRELATED OWNERS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 304,498 including grants of \$) (Revenue \$ 252,137)
CONTRACTS - ARLINGTON HOMES - DEVELOP, CONSTRUCT AND SELL SINGLE FAMILY HOMES TO FAMILIES OF LOW AND MODERATE INCOME (SALE OF INVENTORY) - PLUS ARLINGTON VETERANS LLC (RENTAL SCHEDULE) THIS IS A SINGLE MEMBER LLC WITH 10 UNITS

(Code) (Expenses \$ 205,672 including grants of \$) (Revenue \$ 82,047)
HOME BUYER COUNSELING-TO PROVIDE COUNSELING, EDUCATION, AND FINANCIAL ASSISTANCE TO POTENTIAL FIRST-TIME HOMEBUYERS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$	including grants of \$) (Revenue \$	17,447)
ECONOMIC DEVELOPMENT EANDC OPERATES SAFE HARBOR A SMALL BUISNESS INCUBATOR CREATED TO HOUSE NEW & EXISITNG SERVICE ORIENTED BUSINESS WITH REDUCED RENTS AND SERVICES				

(Code) (Expenses \$	including grants of \$) (Revenue \$	61,287)
MISCELLANEOUS INCOME AND SERVICES				

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

34-1365690

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	3,437,463	3,058,393	3,331,363	2,839,468	2,124,145	14,790,832
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,437,463	3,058,393	3,331,363	2,839,468	2,124,145	14,790,832
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						14,790,832

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	3,437,463	3,058,393	3,331,363	2,839,468	2,124,145	14,790,832
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,132,132	1,665,292	1,647,204	2,088,953	2,230,462	9,764,043
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-19,089	35,560	53,948	-10,346	-646,086	-586,013
11	Total support. Add lines 7 through 10						23,968,862
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	61.710 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	63.290 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 34-1365690

Name: EAST AKRON NEIGHBORHOOD DEVELOPMENT
CORPORATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number
34-1365690

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,898,300	3,957,853	3,997,966	3,611,285	3,368,110
b Contributions	97,667	61,676	110,583	432,612	546,338
c Net investment earnings, gains, and losses					
d Grants or scholarships	101,941	121,229	150,696	45,931	303,163
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,894,026	3,898,300	3,957,853	3,997,966	3,611,285

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	34,013	66,200		100,213
b Buildings	9,143,060	1,038,593	6,120,028	4,061,625
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,161,838

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	7,698,796
(2) DEPOSITS	48,272
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	7,747,068

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
SECURITY DEPOSITS	3,252
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	3,252

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 34-1365690

Name: EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>THE ORGANIZATION IS NOT SUBJECT TO FEDERAL, STATE OR LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND THEREFORE, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(6)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). THE ORGANIZATION FILES FEDERAL INFORMATION RETURNS (IRS FORM 990) AS AN ORGANIZATION EXEMPT FROM INCOME TAXES. MANAGEMENT HAS DETERMINED THAT THE TAX POSITION AS AN ORGANIZATION EXEMPT FROM INCOME TAX MEETS THE 'MORE LIKELY THAN NOT' (MLTN) STANDARD THAT THE ORGANIZATION'S TAX EXEMPT STATUS WOULD BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER TAXING AUTHORITY BASED ON THE TECHNICAL MERITS OF THE POSITION AND THE ASSUMPTION THAT THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE ORGANIZATION HAS FILED FEDERAL TAX RETURNS (IRS FORM 990-T) AS AN ORGANIZATION WITH UNRELATED TRADE OR BUSINESS TAXABLE INCOME. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION'S REVENUES AND EXPENSES ARE RELATED TO ITS TAX EXEMPT PURPOSE. MANAGEMENT HAS DETERMINED THAT THE TAX POSITION AS AN ORGANIZATION WITH SOME UNRELATED TRADE OR BUSINESS TAXABLE INCOME MEETS THE 'MORE LIKELY THAN NOT' (MLTN) STANDARD THAT THE ORGANIZATION'S TAX POSITION WOULD BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER TAXING AUTHORITY BASED ON THE TECHNICAL MERITS OF THE POSITION AND THE ASSUMPTION THAT THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE ORGANIZATION HAS NOT RECOGNIZED ANY INCOME TAXES IN 2018 BASED UPON THE ORGANIZATION'S FILING STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAX. IF THE ORGANIZATION PAID ANY INCOME TAXES, THEY WOULD BE RECORDED AS AN EXPENSE OF THE ORGANIZATION. THE ORGANIZATION HAS NOT RECOGNIZED ANY PENALTIES AND INTEREST RELATED TO INCOME TAXES IN THE 2018 FINANCIAL STATEMENTS. THE ORGANIZATION'S TAX POSITION THAT IT IS AN ORGANIZATION EXEMPT FROM INCOME TAX WILL NOT RESULT IN A SIGNIFICANT INCREASE OR DECREASE IN THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS WITHIN 12 MONTHS OF THE REPORTING DATE OF DECEMBER 31, 2018. THE ORGANIZATION'S PREVIOUSLY FILED INFORMATION RETURNS FOR THE TAX YEARS 2015, 2016 AND 2017 REMAIN SUBJECT TO EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZATION'S INFORMATION RETURN FOR THE TAX YEAR 2018 HAS NOT YET BEEN FILED AND REMAINS SUBJECT TO EXAMINATION BY A TAXING AUTHORITY.</p>

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number
34-1365690

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHERYL STEPHENS PRESIDENT/CEO	(i)	154,741	0	0	0	0	154,741	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

34-1365690

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE 990 TAX RETURN IS SENT TO EANDC'S BOARD OF DIRECTORS FINANCE COMMITTEE TO REVIEW THEY REVIEW AND APPROVE THE RETURN, THEN IT IS SUBMITTED TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD REVIEWS ANY DISCLOSURES ANNUALLY WITH THE NEW GRANT APPLICATIONS EACH YEAR TO DETERMINE IF THERE ARE ANY CONFLICTS OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FINANCE COMMITTEE MEETS ONCE A YEAR AND REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER ORGANIZATION OFFICIALS THE COMMITTEE MAKES RECOMMENDATIONS TO THE BOARD FOR ANY CHANGES TO THE COMPENSATION FOR THE THE EXECUTIVE DIRECTOR AND OTHER OFFICIALS DATA IS USED TO COMPARE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS AT SIMILARLY SITUATED ORGANIZATIONS THE BOARD THEN VOTES ON THE RECOMMENDATIONS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT IS RETAINED BY THE FINANCE COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST AND 990 TAX RETURN AVAILABLE TO THE PUBLIC AS REQUESTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET, OTHER ADJUSTMENTS -9,986 PRIOR PERIOD AUDIT ADJUSTMENT

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
EAST AKRON NEIGHBORHOOD DEVELOPMENT
CORPORATION

Employer identification number

34-1365690

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MIDDLEBURY CENTER LLC 550 S ARLINGTON ST AKRON, OH 443061740 34-1365690	RETAIL ACTIVITY	OH	932,050	3,457,574	EANDC
(2) EANDC CONTRACTORS LLC 550 S ARLINGTON ST AKRON, OH 443061740 27-3453936	CONSTRUCTION ACTIVITY	OH	252,487	52,878	EANDC
(3) MIDDLEBURY PHASE II INVESTOR LLC 550 S ARLINGTON ST AKRON, OH 443061740 34-1365690	REAL ESTATE	OH	49,617	312,076	EANDC
(4) ARLINGTON VETERANS HOUSING LLC 550 S ARLINGTON ST AKRON, OH 443061740	RESIDENTIAL RENTAL	OH	48,649	751,769	EANDC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ENTERPRISE COMMUNITY FUND 550 S ARLINGTON ST AKRON, OH 443061740 31-1493528	BUSN LOANS	OH	501(C)(3)	#7 SCH A	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e Yes	
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 34-1365690
Name: EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ABCD GATEWAY PLACE LLC 550 S ARLINGTON ST AKRON, OH 443061740 04-3633107	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(1) AKRON SENIOR HOUSING LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1951241	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(2) BUCKEYE COMMUNITY THIRTY FIVE LP 3021 E DUBLIN-GRANVILLE RD COLUMBUS, OH 432314031 46-3521517	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(3) CANTON SENIOR APARTMENTS II LLC 550 S ARLINGTON ST AKRON, OH 443061740 20-5414888	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(4) CHERRY HOMES LLC 550 S ARLINGTON ST AKRON, OH 443061740 04-3633081	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(5) EANDC HOMES LLC 550 S ARLINGTON ST AKRON, OH 443061740 54-2097765	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(6) EAST AKRON HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1779215	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	-26,291	956,068		No		Yes		99 000 %
(7) MASSILLON HOMES LLC 550 S ARLINGTON ST AKRON, OH 443061740 20-1743016	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(8) NORTH AKRON HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1857859	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	-28,945	1,233,253		No		Yes		99 900 %
(9) SOUTH AKRON HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 31-1526899	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	1,031	866,075		No		Yes		99 000 %
(10) SOUTHEAST AKRON HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1801565	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	-44,500	730,866		No		Yes		99 000 %
(11) SPRING HILL I 2014 LLC 20250 HARPER AVENUE DETROIT, MI 48225 47-1205318	LOW-INCOME HOUSING	MI	N/A	N/A				No			No	5 100 %
(12) SPRING HILL III 2017 LLC 20250 HARPER AVENUE DETROIT, MI 48225 82-2657449	LOW-INCOME HOUSING	MI	N/A	N/A				No			No	
(13) STEPHENSON POINTE TOWNHOMES LLC 550 S ARLINGTON ST AKRON, OH 443061740 20-3247518	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(14) SUMMIT LAKE HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1886086	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	42,685	1,443,233		No		Yes		99 900 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) VILLAGE AT NEW SEASONS LLC 550 S ARLINGTON ST AKRON, OH 443061740 26-3164684	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(1) WASHINGTON HOMES EAST LLC 550 S ARLINGTON ST AKRON, OH 443061740 26-1244454	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(2) WEST AKRON HOMES LP 550 S ARLINGTON ST AKRON, OH 443061740 34-1833012	LOW-INCOME HOUSING	OH	EAST AKRON HOMES CORP	RELATED	-12,326	1,288,857		No		Yes		99 000 %
(3) MASSILLON HOMES II LLC 550 S ARLINGTON ST AKRON, OH 443061740 20-5661820	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(4) MOON-MALLISON HOMES LLC 550 S ARLINGTON ST AKRON, OH 443061740 36-4697636	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(5) ROBINSON HOMES EAST LLC 550 S ARLINGTON ST AKRON, OH 443061740 45-5290921	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(6) VILLAGE AT WATERMARK LLC 550 S ARLINGTON ST AKRON, OH 443061740 27-1330855	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(7) ST MARTHA MANOR LLC 550 S ARLINGTON ST AKRON, OH 443061740 38-3726886	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	
(8) SPRING HILL II 2015 LLC 550 S ARLINGTON ST AKRON, OH 443061740 47-4478846	LOW-INCOME HOUSING	OH	N/A	N/A				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ABCD GATEWAY PLACE CORP 1225 GROSS AVE NE CANTON, OH 44705 04-3633070	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-88	-1,586	75 000 %		No
(1) AKRON SENIOR HOUSING CORP 550 S ARLINGTON ST AKRON, OH 443061740 30-0027204	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-73,462	-85,160	75 000 %		No
(2) CANTON SENIOR APARTMENTS II CORPORATION 550 S ARLINGTON ST AKRON, OH 443061740 20-5414768	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-131	-1,381	75 000 %		No
(3) CHERRY HOMES CORP 1225 GROSS AVE NE CANTON, OH 44507 04-3633065	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-76	-1,784	75 000 %		No
(4) EANDC HOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 13-4239038	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-147	-3,058	100 000 %		No
(5) EANDC VILLAGE AT WATERMARK CORP 550 S ARLINGTON ST AKRON, OH 443061740 27-3504394	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-95	-318	100 000 %		No
(6) EAST AKRON HOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 34-1779214	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-21,809	-41,946	75 000 %		No
(7) HMH AKRON INC 550 S ARLINGTON ST AKRON, OH 443061740 20-5670074	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-152	966,146	100 000 %		No
(8) MASSILLON HOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 20-3247421	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-185	-3,402	75 000 %		No
(9) MASSILLON HOMES II CORP 1225 GROSS AVE NE CANTON, OH 44507 20-5661787	RENTAL REAL ESTATE	OH	N/A	C	-80	-1,064	49 000 %		No
(10) MOON-MALLISON HOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 37-1636293	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-143	-1,344	75 000 %		No
(11) ROBINSON HOMES EAST CORPORATION 550 S ARLINGTON ST AKRON, OH 443061740 45-5290809	RENTAL REAL ESTATE	OH	N/A	C	-117	-117	100 000 %		No
(12) STEPHENSON POINTE TOWNHOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 20-3247575	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-191	-3,728	100 000 %		No
(13) VILLAGE AT NEW SEASONS CORP 550 S ARLINGTON ST AKRON, OH 443061740 26-3164139	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-283	549,375	100 000 %		No
(14) WASHINGTON HOMES EAST CORP 550 S ARLINGTON ST AKRON, OH 443061740 26-1244551	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-306	248,532	100 000 %		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) WEST AKRON HOMES CORP 550 S ARLINGTON ST AKRON, OH 443061740 34-1831726	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-32,401	-79,893	75 000 %		No
(1) RENTAR LANE CORPORATION 550 S ARLINGTON ST AKRON, OH 443061740 47-2143287	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-308	554,236	100 000 %		No
(2) KENMORE HOUSING PARTNERS INC 3021 E DUBLIN-GRANVILLE RD COLUMBUS, OH 432314031 20-0203531	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C	-47	-236	21 000 %		No
(3) MIDDLEBURY COMMONS MANAGING CORP 550 S ARLINGTON ST COLUMBUS, OH 443061740 82-2787812	RENTAL REAL ESTATE	OH	EAST AKRON NEIGHBORHOOD DEV CORP	C		150,000	100 000 %		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	EANDC VILLAGE AT WATERMARK	D	97,200	FMV
(1)	ABCD GATEWAY PLACE LLC	D	240,000	FMV
(2)	CANTON SENIOR APARTMENTS LLC II	D	249,000	FMV
(3)	SPRINGHILL II	D	490,000	FMV
(4)	SPRINGHILL III	D	50,000	FMV
(5)	ST MARTHA MANOR LLC	D	250,000	FMV
(6)	CHERRY HOMES LLC	D	250,000	FMV
(7)	MASSILLON HOMES LLC	D	400,000	FMV
(8)	WEST AKRON HOMES LP	D	500,000	FMV
(9)	EAST AKRON HOMES LP	D	500,000	FMV
(10)	NORTH AKRON HOMES LP	D	540,444	FMV
(11)	SOUTHEAST HOMES LP	D	600,000	FMV
(12)	EANDC HOMES LLC	D	627,778	FMV
(13)	SOUTH AKRON HOMES LP	D	657,000	FMV
(14)	AKRON SENIOR HOUSING LP	D	668,000	FMV
(15)	SUMMIT LAKE HOUSING LP	D	675,000	FMV
(16)	VILLAGE OF NEW SEASONS LLC	D	750,000	FMV
(17)	STEPHENSON POINTE TOWNHOMES LLC	D	909,000	FMV
(18)	WASHINGTON HOMES EAST LLC	D	930,000	FMV
(19)	ROBINSON HOMES EAST LLC	D	1,192,000	FMV
(20)	MOON-MALLISON LLC	D	1,594,000	FMV
(21)	BUCKEYE COMMUNITY THIRTY FIVE LP	D	50,000	FMV
(22)	MIDDLEBURY COMMONS HOUSING LP	D	100,000	FMV
(23)	ABCD GATEWAY PLACE CORP	L	2,697	FMV
(24)	STEPHENSON POINTE TOWNHOMES LLC	L	29,565	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	SOUTHEAST HOMES LP	L	27,287	FMV
(1)	CHERRY HOMES LLC	L	33,519	FMV
(2)	AKRON SENIOR HOUSING LP	L	32,671	FMV
(3)	ABCD GATEWAY PLACE LLC	L	39,232	FMV
(4)	EAST AKRON HOMES LP	L	36,023	FMV
(5)	MASSILLON HOMES II LLC	L	40,922	FMV
(6)	WEST AKRON HOMES LP	L	39,031	FMV
(7)	CANTON SENIOR APARTMENTS LLC II	L	36,814	FMV
(8)	EASTSIDE HOMES II LP	L	45,066	FMV
(9)	MOON-MALLISON LLC	L	44,410	FMV
(10)	EANDC HOMES LLC	L	47,070	FMV
(11)	SOUTH AKRON HOMES LP	L	48,247	FMV
(12)	ROBINSON HOMES EAST LLC	L	48,819	FMV
(13)	NORTH AKRON HOMES LP	L	52,165	FMV
(14)	SUMMIT LAKE HOUSING LP	L	56,935	FMV
(15)	WASHINGTON HOMES EAST LLC	L	65,078	FMV
(16)	MASSILLON HOMES LLC	L	77,040	FMV
(17)	VILLAGE OF NEW SEASONS LLC	L	82,124	FMV
(18)	ROBINSON HOMES EAST LLC	L	60,000	FMV
(19)	RENTAR LANE CORPORATION	L	100,000	FMV
(20)	BUCKEYE COMMUNITY THIRTY FIVE LP	A	1,073	FMV
(21)	CANTON SENIOR APARTMENTS LLC II	A	8,631	FMV
(22)	ROBINSON HOMES EAST LLC	A	14,969	FMV
(23)	ST MARTHA MANOR LLC	A	17,052	FMV
(24)	VILLAGE AT NEW SEASONS LLC	A	20,731	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51) ABCD GATEWAY PLACE LLC	A	22,618	FMV
(1) WASHINGTON HOMES EAST LLC	A	21,392	FMV
(2) CHERRY HOMES LLC	A	24,361	FMV
(3) MOON-MALLISON LLC	A	24,030	FMV
(4) MASSILLON HOMES LLC	A	55,411	FMV
(5) STEPHENSON POINTE TOWNHOMES LLC	A	62,318	FMV
(6) NORTH AKRON HOMES LP	A	62,557	FMV
(7) EANDC HOMES LLC	A	74,307	FMV
(8) SUMMIT LAKE HOUSING LP	A	0	FMV
(9) VILLAGE AT WATERMARK LLC	A	2,185	FMV